Proposed Definitions

Center Levels for Optimal Care of Stroke and STEMI Patients*

Level I

1. Regional resource hospital that is central to TCD stroke and/or STEMI care system.
2. Provides total care for every aspect of stroke or STEMI care, including interventional capability, from prevention through acute care through rehabilitation.
3. Maintains resources and personnel for patient care, education and research (usually but not solely in university-based teaching hospital)
4. Provides leadership in education, research and system planning to all hospitals caring for stroke or STEMI patients in the region.

Level II

1. Provides the next highest level of stroke or STEMI care, dealing with large volumes of serious patients.
2. Might be most prevalent facility in a community and manage the majority of stroke and/or STEMI patients or supplements the activity of a Level I Stroke/STEMI Center.
3. Can be an academic institution or a public or private community facility located in an urban, suburban, or rural area.
4. In addition to the Level I Center, it is responsible for education and system leadership.

Level III

1. Provides prompt assessment and accurate diagnosis, resuscitation, and appropriate emergency intervention for stroke and STEMI respectively, including IV thrombolytics, and arrange and expedite timely transfer to a higher-level facility for stroke always and for STEMI when indicated.
2. Has transfer agreements and standardized treatment protocols to plan for care of stroke and STEMI patients.
3. Might not be required in urban or suburban area with adequate Level I or II centers.

Level IV

1. Rural facility that supplements care within larger system.
2. Provides prompt assessment, accurate diagnosis, resuscitation, and appropriate indicated emergency intervention for stroke and STEMI respectively, including IV thrombolytics for STEMI, and will arrange and expedite timely transfer to a higher-level facility for every stroke and STEMI patient.
3. Must have 24-hour emergency coverage by a physician.
4. Has transfer agreements and a good working relationship with the nearest Level I, II or III Center.

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* Adapted from Centers for Disease Control and Prevention. Guidelines for Field Triage of Injured Patients. Recommendations of the National Expert Panel on Field Triage. MMWR 2009; 58 (No. RR-1) pg 5. This article notes that this was adapted from the American College of Surgeons. Resources for the optimal care of the injured patient. Chicago, IL: American College of Surgeons; 2006.